



## Donation Form

Date: \_\_\_\_\_

Donor (Person/Company to be thanked): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Bishop student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Amount of donation (cash, check or credit card): \_\_\_\_\_

If donating an item, please provide a description & limitations:

Item Value (Required by Federal law): \$ \_\_\_\_\_

*This form MUST accompany the item donated.*

Bishop Garcia Diego High School is a 501 (c) (3) non-profit organization: EIN 95-2056632.

*For office use:*

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_ Item #: \_\_\_\_\_